Procuring Entity : City Government of Cagayan de Oro
Requisition Office : CMO/HUMANITARIAN ASSISTANCE CLUSTER

Purchase Request Number: 21-3138
Purchase Request Date: October 6, 2021
Approved Budget for the Contract: ₱97,050.00
PPMP Code: CMO21-COVID 220

Republic of the Philippines
City Government of Cagayan de Oro
BIDS AND AWARDS COMMITTEE (BAC) - GOODS
City Hall, Cagayan de Oro City

REQUEST FOR QUOTATION (NEGOTIATED 53.9 SMALL-VALUE OF THE 2016 RIRR OF RA 9184)

Supply and Delivery of 130 boxes Face Mask Surgical; PR No. 21-3138 dated Octobar 6, 2021

Date : Novemeber 22, 2021
Quotation No. : 2542-21

Company Name

Address

Please quote your lowest price on the item/s listed below, subject to the General Conditions on this page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than 2:00PM on November 29, 2021 in the return envelope attached herewith.

By Authority of the BAC:

TEODORO A. SABUGA-A, JR.
BAC Chairperson

NOTE:

1. **DELIVERY PERIOD WITHIN SEVEN (7) CALENDAR DAYS**
2. **WARRANTY SHALL BE FOR A PERIOD OF THREE (3) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY;**
3. **PRICE VALIDITY SHALL BE FOR A PERIOD OF 90 CALENDAR DAYS;**
4. **PhilGEPS REGISTRATION CERTIFICATE/NUMBER SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION;**
5. **SUBMIT CURRENT AND VALID MAYOR'S/BUSINESS PERMIT**
6. **SUPPLIERS FOR EQUIPMENT SHALL SUBMIT BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED; AND**
7. **DULY NOTARIZED OMNIBUS SWORN STATEMENT PRIOR ISSUANCE OF NOTICE OF AWARDS.**

Item No.	ITEM & DESCRIPTION	BRAND & MODEL	QTY	UNIT PRICE
1	Face Mask Surgical: 50pcs/box		130 box	
2	KN95 Face Mask: 10's		120 box	
3	Face Shield: protec isolation mask, anti-spray,		100 pc	
	anti-fog, anti-smoke, oil splash proof, anti-			
	exhaust, windproof sand with eyeglass frame			
4	Surgical Gloves: 50pcs/box		145 box	
5	Alcohol: 70% ethyl		145 gal	
6	Thermometer: Non-contact laser digital infrared		140 pc	
	x-x-x-x-x-x-x-x-x-x-x-x			

PhilGEPS Registration Number: _____

After having carefully read and accepted your General Conditions, I/we quoted you on the item at prices noted above.

_____
Printed Name / Signature / Designation

_____
Tel. No. / Cellphone No. / E-mail Address

_____
Date